

Medical Group Home Criteria Worksheet

NAME:		DOB:	
For anyone not currently in the waiver, are there any other funding options or a different level of care that would meet the needs of the individual, ie skilled nursing facility? If No, what options have been researched? Attach results on a separate document.		Yes	No See attached
	Nursing needs/technology	Points	Score
1	Tracheostomy	20	
2	C-PAP/BiPAP	5	
3	Oxygen, continuous	5	
4	Oxygen, noncontinuous, unstable	5	
5	G-tube/ J-tube feedings (continuous feeding, not bolus feedings)	5	
6	Receives IV therapy or has a central line	20	
	Medications		
7	Medications, complex with over 8 meds	5	
8	Medications, less than 8 meds	3	
9	Medication requiring nursing administration	5	
10	Pain medications given by injection	10	
11	Insulin dependent diabetes requiring calculation of insulin based on glucose reading	10	
	Assessments		
12	VS, respiratory or neuro assessments q 4 hours or longer	2	
13	VS, respiratory or neuro assessments q 2 to 4 hours	3	
14	VS, respiratory or neuro assessments q <1 to 2 hours	4	
	Skin		
15	Dressings involving prescription medications and aseptic technique	20	
16	Care of extensive decubitus ulcers or other widespread skin disorders	18	
17	Stoma care	3	
18	High risk, requires ongoing monitoring/treatment of skin conditions	5	
	GI/Feeding		
19	Difficult and prolonged oral feeding	4	
20	Complex dietary needs/nutritional status unstable	3	
21	Bowel management that involves on-going observation and preventative measures	3	

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Neurological		Points	Score
22	Seizures, severe, requiring intervention such as diastat	10	
23	Seizures, mild to moderate, requiring moderate intervention	6	
24	Alzheimer's or Parkinson's, requires increased monitoring and assessment	3	
Urinary/kidney			
25	Requires catheterization of bladder regularly	8	
26	Peritoneal dialysis	20	
27	Recurrent, frequent urinary tract infections requiring assessment and monitoring	3	
Respiratory			
28	Suctioning, via nasopharyngeal or oral route (see above if trach present)	5	
29	Med Nebulizer treatments or chest percussion more than every 4 hours	3	
30	Pneumonias, aspiration requiring frequent assessment and monitoring	3	
Cardiac			
31	Atrial fibrillation or other rhythm disturbance requiring frequent assessment	3	
32	Unstable congestive heart failure	3	
33	Pulmonary hypertension	3	
Completed by:		TOTAL SCORE:	
Contact phone number:		Date:	